O/SB/17 (08-07)

PTO/SB/17 (05-07)

Approved for use through 05/31/2007. OMB 0651-0032

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Effective on 12/08/2004

Effective on 12/08/2	Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Num	1001	10/697,254-Conf. #9922				
FEE TRANSI	Filing Date	0	October 31, 2003					
		First Named Inv	J. 1.151	Yoichi HOSHINO				
For FY 2007		Examiner Name	Examiner Name T. Y. Harper					
Applicant claims small entity status. See 37 CFR 1.27		AILOIIIL		3714				
TOTAL AMOUNT OF PAYMENT	(\$) 1,020.00	Attorney Docket	Attorney Docket No. SHO-0026					
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EX								
FII	ING FEES SE Small Entity	ARCH FEES Small Entity	EXAMINA	TION FEES Small Entity				
Application Type Fee (\$			Fee (\$)	Fee (\$)	Fees F	Paid (\$)		
Utility 300	150 500	250	200	100				
Design 200	100 100	50	130	65				
Plant 200	100 300	150	160	80				
Reissue 300	150 500	250	600	300				
Provisional 200	100 0	0	0	0				
2. EXCESS CLAIM FEES						Small Entity		
Fee Description	Fee (\$)	Fee (\$)						
Each claim over 20 (including Reissues)						25		
Each independent claim over 3 (incl	ading Reissues)				200	100		
Multiple dependent claims					360	180		
Total Claims Extra Claims	Fee (\$) Fee	ee (\$) Fee Paid (\$) <u>Mu</u>		ıltiple Dependent Claims				
9 - 26 =	=		Fee	(\$) <u>F</u>	ee Paid (\$	<u>3</u>		
HP = highest number of total claims paid for	if greater than 20.					_		
Indep, Claims Extra Claims	Fee (\$) Fee	Paid (\$)						
2								
HP = highest number of independent claims	paid for, if greater than 3.							
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheet		additional 50 or frag	rtion thereof	Fee (\$)	Fee	Paid (\$)		
					=			
- 100 = /50 = (round up to a whole number) x =								
Non-English Specification, \$130/ee (no small entity discount)								
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00								
SUBMITTED BY		Registration No.		Τ	(000) 05			
(Attomey/Agent) 29,211			Telephone	(==, ===				
Name (Print/Type) Carl Schaukowito	h			Date	June 29	, 2007		



PTO/SB/22 (04-07)
Approved for use through 09/30/2007. OMB 0651-0031
U.S. Patent and Trad emark Office; U.S. DEPARTMENT OF COMMERCE
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PETITION FOR EXTER	NSION OF TIME UNDER 3	Docket Number (Optional) SHO-0026						
(Fees pursuant to the Co	FY 2006 nsolidated Appropriations Act,	Sn	J-0026					
Application Number	10/697,254-Conf.	Filed Od	ctober 31, 2003					
For GAMING MACHINE								
Art Unit 3714			Examiner	T. Y. Harper				
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):								
	, <u></u>	Fee	Small Entity Fee	,				
One month	(37 CFR 1.17(a)(1))	\$120	\$60	\$				
	s (37 CFR 1.17(a)(2))	\$450	\$225	\$				
<u></u>	hs (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1,020.00				
Four months (37 CFR 1.17(a)(4))		\$1590	\$795	\$				
Five months (37 CFR 1.17(a)(5))		\$2160	\$1080	\$				
Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-0013 . I have enclosed a duplicate copy of this sheet.								
applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number 29,211 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34								
(all L) (June 29, 2007						
Signature			Date					
Carl Schaukowitch			(202) 955-3750					
Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of 1 form is submitted.								

07/02/2007 HBELETE1 00000155 180013 10597254 1020.00 DA 01 FC:1253